

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

32871

9076

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Florida</u> b. COUNTY <u>Broward</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hollywood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>5916 Dewey St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carrie</u> b. (Middle) <u>May</u> c. (Last) <u>Rogers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-28-1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-22-1887</u>
9. AGE (In years last birthday) <u>65</u>		10. MONTHS <u>2</u>	11. DAYS <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dress Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Delroy Green Shop</u>	
11. BIRTHPLACE (State or foreign country) <u>Cuba</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Paul Oglethorpe</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Waller</u>	
14. NAME OF HUSBAND OR WIFE <u>Charles Rogers</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>262-46-9360</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Paul Oglethorpe</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMATOSIS, Generalized</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>Aug 15, 1952</u> , to <u>Aug 25, 1952</u> , that I last saw the deceased alive on <u>9-27, 1952</u> , and that death occurred at <u>12:45 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Paul Oglethorpe</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>4452 Myrtle</u>	
23c. DATE SIGNED <u>9/30/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>9-30-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>U.S. Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Cuba</u> <u>Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Oglethorpe</u>	
25. ADDRESS <u>Cuba, Mo.</u>		DATE REC'D BY LOCAL REG. <u>SEP 30 1952</u>	
REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		26. (Licensed Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3472

P. O. Address Cuba, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.